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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

0.5

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Check this box if no longer subject to	STATEMENT OF CH
Section 16. Form 4 or Form 5 obligations may continue. See	
Instruction 1(b).	Filed pursuant to See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ction 16(a) of the Securities Exchange Act of 1934

	nd Address o <u>y Devin I</u>	f Reporting Person [*] [<u>gnatius</u>			uer Name and Tio <u>lips Edison</u>			[PECO]			tionship of F all applicab Director		Person	n(s) to Issue 10% Or	
(Last) 11501 N	(ORTHLAK	(First) KE DRIVE	(Middle)		e of Earliest Tran 1/2023	saction (Month	Day/Year)			x	Officer (g below)	ive title Managir	ng Dire	Other (below) ector	specify
(Street) CINCIN	NATI (ОН	45249	4. If A	mendment, Date	of Original File	I (Month/D	ay/Year)		6. Indiv X		d by One	Report	ing Person	· · ·
(City)	((State)	(Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										
			Table I - Non	-Derivative	Securities A	cauirod D		of or B							
Date					00001111007	Cquireu, D	sposea	ы, ог в	enei	licially O	wnea				
1. Title of S	Security (Ins	str. 3)		2. Transaction Date (Month/Day/Yea	2A. Deemed Execution Da	te, 3. Code (Ins	4. Sec	urities Acqu sed Of (D) (In	ired (/	A) or	5. Amount Securities Beneficially Following F	/ Owned Reported	Form:	Direct Indirect	7. Nature of Indirect Beneficial Ownership
1. Title of S	Security (Ins	str. 3)		Date	2A. Deemed Execution Da ar) if any	te, 3. Code (Ins	4. Sec Dispos	urities Acqu sed Of (D) (li	iired (/ nstr. 3) or	A) or	5. Amount Securities Beneficially	/ Owned Reported n(s)	Form: (D) or	Direct Indirect	Indirect Beneficial
1. Title of S	Security (Ins	str. 3)		Date (Month/Day/Yea	2A. Deemed Execution Da ar) if any	te, ear) Code (In: 8) Code 1	Amoun	urities Acqu sed Of (D) (In nt (A) (D)	ired (/ nstr. 3) or) nefic	A) or B, 4 and 5) Price Cially Ow	5. Amount Securities Beneficially Following F Transaction (Instr. 3 and	/ Owned Reported n(s)	Form: (D) or	Direct Indirect	Indirect Beneficial Ownership

Date Exercis

(1)(2)

(2)

(2)

1. Represents the vesting of Class B Units of limited partnership interests ("Class B Units") in Phillips Edison Grocery Center Operating Partnership I, L.P., a Delaware limited partnership ("PECO OP"), previously issued as long term incentive compensation pursuant to the Issuer's equity based compensatory programs. At issuance, the Class B Units were subject to vesting, and did not have full parity with common units of limited partnership interest in PECO OP ("OP Units"), but upon the occurrence of certain events described in PECO OP's partnership agreement, based upon capital account balance per unit, could over time achieve full parity with the OP Units for all purposes. Upon vesting, having previously achieved full parity with OP Units, the Class B Units were converted into an equal number of OP Units. The Class B Units have no expiration date.

2. OP Units are exchangeable, at the election of the holder, for cash equal to the fair market value of one share of the Issuer's Common Stock or, at the option of PECO OP, shares of the Issuer's Common Stock on a one-for-one basis, and have no expiration date.

(D)

36.865

v

Code

M⁽¹⁾

M⁽¹⁾

(A)

36.865

Expiration Date

(1)(2)

(2)

(2)

Title

Common Stock

Common

Stock

Commo

Stock

Fact

Remarks:

Class B Units

OP Units

OP Units

(1)(2)

(2)

(2)

Explanation of Responses:

12/31/2023

12/31/2023

/s/ Jennifer Robison, Attorney-in-01/03/2024

** Signature of Reporting Person

Amount or Number of Shares

36,865

36,865

378,487.819

\$<mark>0</mark>

\$<mark>0</mark>

0

327,831.012

378,487.819

Date

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Bv DJM

LLC

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.